

Fill in this information to identify your case:

Debtor 1 **Styvens** **Georges**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DIST. OF PENNSYLVANIA**

Case number **18-11973JKF13**
 (if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$4,000.00	\$4,000.00	\$0.00

I.R.S.

Priority Creditor's Name

P.O. Box 7346

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Philadelphia

PA

19101-7346

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

\$200.00

4.1

Abington Memorial Hospital

Nonpriority Creditor's Name

Out-Patient Business Off.

Number Street

1200 Old York Road

Abington

PA

19001-3760

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 3 4 0**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Expenses

4.2

Abington Memorial Hospital

Nonpriority Creditor's Name

Out-Patient Business Off.

Number Street

1200 Old York Road

Abington

PA

19001-3760

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 1 6 8**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Expenses

\$100.00

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$2,815.99

ATand T Mobility

Nonpriority Creditor's Name

P.O. Box 6463

Number Street

Last 4 digits of account number **3 7 0 5**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Carol Stream

IL

60197

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Phone

4.4

\$2,656.00

Bank Of America

Nonpriority Creditor's Name

NC4-105-03-14

Number Street

PO Box 26012

Last 4 digits of account number **4 2 6 6**

When was the debt incurred? **12/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Greensboro

NC

27410

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Charge Off for \$2656 on 09/17

Account Closed By Grantor

Debtor 1 **Styvens Georges**

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Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.5

\$2,370.00

Bishop McDevitt School

Nonpriority Creditor's Name

125 Royal Avenue

Number Street

Last 4 digits of account number **2 6 0 3**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Wyncote

PA

19095

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Tuition

4.6

\$8,441.00

Capital One

Nonpriority Creditor's Name

Attn: General Correspondence/Bankruptcy

Number Street

PO Box 30285

Last 4 digits of account number **3 2 3 4**

When was the debt incurred? **06/2011**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Salt Lake City

UT

84130

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

Charge Off for \$8441 on 10/17

Account Closed By Grantor

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$4,186.00

4.7

Chase Card Services

Nonpriority Creditor's Name

Attn: Correspondence Dept

Number Street

PO Box 15298

Wilmington

DE

19850

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Charge Off for \$4186 on 09/17

Account Closed By Grantor

4.8

Citicards Cbna

Nonpriority Creditor's Name

Citicorp Credit Svc/Centralized Bankrupt

Number Street

PO Box 790040

Saint Louis

MO

63179

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Charge Off for \$6386 on 08/17

Account Closed By Grantor

Last 4 digits of account number 3 7 5 3

When was the debt incurred? 03/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Last 4 digits of account number 4 5 4 1

When was the debt incurred? 12/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

\$6,386.00

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$18,671.00

4.9

Navient

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 9500

Wilkes-Barre

PA

18773

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Current Account

4.10

Portfolio Recovery

Nonpriority Creditor's Name

PO Box 41067

Number Street

Norfolk

VA

23541

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

**Original Creditor Name: SYNCHRONY BANK
Collection**

Last 4 digits of account number **0 9 1 8**

When was the debt incurred? **11/2003**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Last 4 digits of account number **0 9 4 1**

When was the debt incurred? **09/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collection Agency

\$6,761.00

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.11

\$59.00

Prime Choice Dental

Nonpriority Creditor's Name

7155 Ogontz Ave

Number Street

Philadelphia

PA

19138

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 6 2 0

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Expenses

4.12

\$63.50

Professional Account Management LLC

Nonpriority Creditor's Name

P.O. Box 391

Number Street

Milwaukee

WI

53201

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 1 4 5

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Tolls

Unpaid PA Turnpike Toll Violation

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.13

\$15.00

Recon Ortho Assoc II, PC

Nonpriority Creditor's Name

Rothman Institute

Number Street

P.O. Box 757910

Philadelphia

PA

19175

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9 0 2 4**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Expenses

4.14

\$21,841.00

SST/Best Egg

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

4315 Pickett Rd

Saint Joseph

MO

64503

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6 8 9 8**

When was the debt incurred? **02/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Charge Off for \$21841 on 02/18

Account Closed By Grantor

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$216.00

Sweat Fitness

Nonpriority Creditor's Name

700 Passyunk Avenue

Number Street

Philadelphia

PA

19147

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5 3 4 1**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Gym

4.16

\$30.00

University of Penn Health System

Nonpriority Creditor's Name

P.O. Box 824406

Number Street

Philadelphia

PA

19182

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3 1 6 7**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical Expenses

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Cibik and Cataldo, P.C.

Name

1500 Walnut Street

Number Street

Suite 900

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Philadelphia

City

PA

State

19102

ZIP Code

Last 4 digits of account number _____

City of Philadelphia

Name

Parking Violations Branch

Number Street

PO Box 41819

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Philadelphia

City

PA

State

19101

ZIP Code

Last 4 digits of account number _____

City of Philadelphia

Name

Bankruptcy Unit

Number Street

15th Floor

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification

☐ Part 2: Creditors with Nonpriority Unsecured Claims

1515 Arch Street

Philadelphia

City

PA

State

19102

ZIP Code

Last 4 digits of account number _____

City Of Philadelphia

Name

Major Tax Unit/Bankruptcy Dept.

Number Street

1401 JFK Blvd, Room 580

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Philadelphia

City

PA

State

19102

ZIP Code

Last 4 digits of account number _____

Equifax

Name

P.O. Box 740241

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Atlanta

City

GA

State

30374

ZIP Code

Last 4 digits of account number _____

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Experian

Name

Profile Maintenance

Number Street

P.O. Box 9558

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Allen

TX

75013

City

State

ZIP Code

I.R.S.

Name

P.O. Box 7346

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Philadelphia

PA

19101-7346

City

State

ZIP Code

PA Dept. of Revenue

Name

Bankruptcy Division

Number Street

Bureau of Compliance

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Harrisburg

PA

17120-0946

City

State

ZIP Code

Peco Energy

Name

2301 Market Street # N 3-1

Number Street

Legal Department

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Philadelphia

PA

19103-1338

City

State

ZIP Code

Penn Credit Corporation

Name

P.O. Box 988

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collection Agency ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 0 1 9

Harrisburg

PA

17108

City

State

ZIP Code

collecting for Univery of Penn Health System

PGW

Name

Legal Dept. 4th Floor

Number Street

800 W. Montgomery Avenue

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Philadelphia

PA

19122

City

State

ZIP Code

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Philadelphia Parking Authority

Name

Bankruptcy Department

Number Street

701 Market Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Philadelphia

PA

19106

City

State

ZIP Code

Last 4 digits of account number _____

Sunrise Credit Service, Inc.

Name

PO BOX 9100

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Farmingdale

NY

11735-9100

City

State

ZIP Code

Last 4 digits of account number 4 0 0 4

collecting for AT & T Mobility

Trans Union Corporation

Name

Public Records Department

Number Street

555 West Adams Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Required Notification ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Chicago

IL

60661

City

State

ZIP Code

Last 4 digits of account number _____

Debtor 1 **Styvens Georges**

Case number (if known) **18-11973JKF13**

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$4,000.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$4,000.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$18,671.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$56,140.49</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$74,811.49</u>